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## **Child Deaths on the Decline According to the Child Death Review Team Report**

**Note: Sound bites on this topic will be available shortly at: [www.dhhs.ne.gov/audio](http://www.dhhs.ne.gov/audio)**

**Lincoln** – The state’s Child Death Review Team released its report on child deaths that occurred in 2009. A total of 237 Nebraska children died during 2009. That’s a significant decrease (35%) in the number of deaths since child death reviews began in 1993.

“The decrease in child deaths is a testimony to the hard work of parents, communities, medical providers and state and private agencies to reduce the number of risks to children,” said Dr. Joseph Acierno, Chief Medical Officer and Director of Public Health for the Nebraska Department of Health and Human Services who also serves as chair of the team. “However, many child deaths were preventable so there’s more work to be done to help protect our children.”

The top five causes of death for children newborn to 17-years-old for 2009 were:

- Pregnancy- related
- Birth defects
- Motor vehicle-related incidents
- Sudden unexpected infant death
- General medical conditions

The Child Death Review Team determined 32.5 percent of the 237 deaths were preventable. Examples of preventable deaths include motor vehicle crashes and unintentional injuries. Sudden unexpected infant death, suicide, homicide/criminal child abuse and certain medical conditions were other causes of death where team members found many preventable factors.

When examined over time, child deaths for all racial/ethnic groups showed some level of decline. After several years of increasing rates for Native American children, the 2009 rate decreased sufficiently to create a significant drop in their 10-year trend. However, White children were the only other group whose mortality decline over the

past decade was statistically significant. Disparities continue to exist and improvements related to health care and education have not reached all families.

Some of the team's key recommendations to help prevent future deaths include:

- Promote healthy lifestyles for reproductive age women
- Improve assistance to children with disabilities and their families/caregivers
- Promote safe and supportive environments for children
- Improve the quality of the investigation and documentation of child deaths

Specific strategies for each recommendation are included in the full report.

It takes considerable time to understand a child's life and circumstances surrounding his or her death. Reviewing child deaths is a painstaking and thorough process. Many cases are complicated and contain an enormous amount of documentation. Besides reviewing child deaths, the team is also charged with making recommendations to help save lives.

"This work is emotionally taxing. I want to thank the team for their continued dedication. Thanks to their efforts, we now have a better understanding of how and why child deaths occur and based on that information we're able to recommend changes that will enhance child safety and well-being and hopefully prevent future deaths," said Dr. Acierno.

The Child Death Review Team was established by the Nebraska Legislature in 1993 to undertake a comprehensive, integrated view of existing records for all child deaths in Nebraska. Members of the team are volunteers appointed by the CEO of DHHS. Statute requires that core team members include a physician employed by DHHS, forensic pathologist, law enforcement representative, attorney, and senior staff member with DHHS' child protective services.

The 2009 report, which includes a list of the review team members, is available at <http://1.usa.gov/15Ck3L2>.

#### Child Deaths from Previous Years:

2009 - 237

2008 - 260

2007 - 291

2006 - 277

2005 - 260

2004 - 302

2003 - 267

2002 - 308

2001 - 288

2000 - 301

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